Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Language services: the percent of limited English-proficient (LEP) patients receiving both initial assessment and discharge instructions supported by assessed and trained interpreters or from bilingual providers and bilingual workers/employees assessed for language proficiency.

Source(s)

Robert Wood Johnson Foundation. Aligning forces for quality. Language services performance measures implementation guide, version 1.1. Washington (DC): George Washington University; 2009 Aug. 84 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percent of limited English-proficient (LEP) patients receiving both initial assessment and discharge instructions supported by assessed and trained interpreters or from bilingual providers and bilingual workers/employees assessed for language proficiency.

Rationale

Interpreter services are frequently provided by untrained individuals, or individuals who have not been assessed for their language proficiency, including family members, friends, and other hospital employees. Research has demonstrated that the likely results of using untrained interpreters or friends, family, and associates are an increase in medical errors, poorer patient-provider communication, and poorer follow-up and adherence to clinical instructions. The measure provides information on the extent to which language services are provided by trained and assessed interpreters or assessed bilingual providers and bilingual

workers/employees during critical times in a patient's health care experience.

Evidence for Rationale

Robert Wood Johnson Foundation. Aligning forces for quality. Language services performance measures implementation guide, version 1.1. Washington (DC): George Washington University; 2009 Aug. 84 p.

Primary Health Components

Limited English proficiency (LEP); interpreter services; bilingual providers initial assessment; discharge instructions

Denominator Description

Total number of patients that stated a preference to receive their spoken health care in a language other than English (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of limited English-proficient (LEP) patients with documentation they received the initial assessment and discharge instructions supported by trained and assessed interpreters, or from bilingual providers and bilingual workers/employees assessed for language proficiency (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- The conversation between physician and patients/families is important to diagnosis and treatment. Many patients cannot benefit from this due to language barriers. Limited English-proficient (LEP) patients may not receive the standard of care when interpreters are not used.
- 22.3 million U.S. residents (8.4%) have LEP.
- Between 1990 and 2000, the number with LEP grew by 53%.
- 80% of hospitals reported treating LEP patients on a regular basis.
- Hispanics who do not speak English at home are less likely to receive all recommended health care services.
- Follow-up compliance, adherence to medications, and patient satisfaction are significantly lower for LEP populations than they are for English speaking patients.
- Language barriers are associated with less health education, worse interpersonal care, and lower patient satisfaction.
- LEP populations are less likely to receive preventative health services such as mammograms.

- Persons with LEP experience disproportionately high rates of infectious disease and infant mortality.
- Persons with LEP are more likely to report risk factors for serious and chronic diseases such as diabetes and heart disease.
- Physicians who are unable to communicate effectively with their patients often compensate by engaging in costly practices such as: more diagnostic procedures; more invasive procedures; overprescribing medications.
- Language barrier between physicians and their patients are associated with a $38 increase in test charges and 20-minute longer emergency department (ED) stay.
- ED decision making behavior (e.g., diagnostic testing, admission, IV hydration) is more costly when non-English speaking patients did not receive care from bilingual physician or with an interpreter present.
- The average cost per interpretation for health maintenance organizations (HMOs) patients was $79 and the total cost per year was $279, a relatively small cost given total medical expenditures, and given improved patient utilization of preventive and primary care services that may reduce long-term medical costs.

Evidence for Additional Information Supporting Need for the Measure

Andrulis D, Goodman N, Pryor N. What a difference an interpreter can make: health care experiences of uninsured with limited English proficiency. The Access Project; 2003 Apr.

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Hampers LC, Cha S, Gutglass DJ, Binns HJ, Krug SE. Language barriers and resource utilization in a pediatric emergency department. Pediatrics. 1999 Jun;103(6 Pt 1):1253-6. PubMed

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Hasnain-Wynia RJ, Yonek R, Pierce D, Kang GC. Hospital language services for patients with limited English proficiency: results from a national survey. The Commonwealth Fund; 2006 Oct.

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Jacobs EA, Shepard DS, Suaya JA, Stone EL. Overcoming language barriers in health care: costs and benefits of interpreter services. Am J Public Health. 2004 May;94(5):866-9. PubMed

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Ku L, Waidmann T. How race/ethnicity, immigration status and language affect health insurance

coverage, access to care and quality of care among the low-income population. Washington (DC): Kaiser Commission on Medicaid and the Uninsured; 2003 Aug. 29 p.

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Office of Minority Health and Health Disparities. Eliminating racial and ethnic disparities.

U.S. Bureau of the Census. American Community Survey: language spoken at home (table S1601). 2005.

Woloshin S, Schwartz LM, Katz SJ, Welch HG. Is language a barrier to the use of preventive services. J Gen Intern Med. 1997 Aug;12(8):472-7. PubMed

Extent of Measure Testing

The measure was pilot tested in one inpatient and in one outpatient care setting in two (2) large metropolitan hospitals October 2006.

The measure was used by the 10 grantee hospitals in the Speaking Together National Language Services Collaborative from November 2006 - May 2008. Ten (10) hospitals reported data monthly on 40,000 - 60,000 patients seen in inpatient and ambulatory care settings. Hospitals ranged in size from 11,500 - 44,000 admissions, included 2 children's hospitals and were comprised of both academic teaching and non-teaching community hospitals.

The measures specifications were revised based on the learning from the Speaking Together Collaborative and input from the participating hospitals.

Refer to original measure documentation for additional information.

Evidence for Extent of Measure Testing

Robert Wood Johnson Foundation. Aligning forces for quality. Language services performance measures implementation guide, version 1.1. Washington (DC): George Washington University; 2009 Aug. 84 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

All ages

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Equity

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
The total number of patients that stated a preference to receive their spoken health care in a language other than English

Note: Stratified by language.

Exclusions
All patients indicating or stating a preference to receive spoken health care in English

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
The number of limited English-proficient (LEP) patients with documentation that they received both initial

assessment and discharge instructions supported by:

- Assessed and trained interpreters, or
- Bilingual providers or bilingual workers/employee assessed for language proficiency

Note: Stratified by language.

Exclusions

- Patients receiving initial assessment and/or discharge instructions supported by interpreters who have not met the organization's training and assessment requirements.
- Patients receiving initial assessment and/or discharge instructions from a bilingual provider or bilingual worker/employee who has not met the organization's training and assessment requirements.
- Patients receiving initial assessment and/or discharge instructions supported by family or friends.
- There is no documentation indicating provision of qualified language services provided at initial assessment and/or discharge instructions.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

Data reported as aggregate numerator and denominator, monthly, stratified by language.

Receipt of language services for non-English speaking populations can be stratified by language so that organizations can identify and efficiently deploy language resource/services for efficient planning.

Standard of Comparison

not defined yet

Identifying Information

Original Title

L2: patients receiving language services supported by qualified language service providers.

Measure Collection Name

Language Services Performance Measures

Submitter

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Funding Source(s)

Robert Wood Johnson Foundation

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Financial Disclosures/Other Potential Conflicts of Interest

No disclosures.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Aug

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in December 2015.

Measure Availability

Source not available electronically.

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NQMC Status

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Copyright Statement

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For additional information regarding the use of these measures, contact Catherine West at Cathy.West@gwumc.edu.

Production

Source(s)

Robert Wood Johnson Foundation. Aligning forces for quality. Language services performance measures implementation guide, version 1.1. Washington (DC): George Washington University; 2009 Aug. 84 p.

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